



Wisconsin Department of Public Instruction
REQUEST FOR SPECIAL EDUCATION EVALUATION
PI-2390 (New. 08-02)

INSTRUCTIONS: Complete and submit to appropriate school:

WISCONSIN SCHOOL FOR THE BLIND OR VISUALLY IMPAIRED
ATTN: MARK RICCOBONO
1700 WEST STATE STREET
JANESVILLE, WI 53546 (800) 832-9784

Or

WISCONSIN SCHOOL FOR THE DEAF
ATTN: ALEX SLAPPEY
309 WEST WALWORTH AVENUE
DELAVER, WI 53115 (877) 973-3323

Request for Special Education Evaluation at:

☐ WSVH

☐ WSD

GENERAL INFORMATION		
Type of Evaluation <input type="checkbox"/> Initial <input type="checkbox"/> Reevaluation	Begin Date <i>Mo./Day/Year</i> <i>Evaluation period cannot exceed 45 calendar days</i>	End Date <i>Mo./Day/Year</i>
Requesting LEA	LEA Contact Person	Telephone <i>Area/No.</i>
Student Name		Date of Birth
Parent/Guardian Name		Telephone <i>Area/No.</i>
Parent Address, <i>Street, City, State, Zip</i>		

Identified Disabilities

☐ VI ☐ HI ☐ CD ☐ EBD ☐ SLD ☐ SL ☐ OI ☐ OHI ☐ TBI ☐ AUT ☐ SDD

Can this evaluation information be obtained locally with assistance from the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) or Wisconsin Center for the Blind and Visually Impaired (WCBVI) outreach team?

☐ Yes ☐ No *If no, explain:*

How will the student be transported to and from the evaluation?	Are dormitory accommodations requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The following information must accompany the request

	Materials Received	
	Yes	No
A. If the dormitory accommodations are being requested, provide relevant medical, family, social, emotional information.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Copies of the evaluation notice and parental consent for administration of tests and other evaluation materials.	<input type="checkbox"/>	<input type="checkbox"/>
C. Copy of the student's pupil records.	<input type="checkbox"/>	<input type="checkbox"/>
D. If the evaluation period is greater than 10 days, copies of the interim IEP and placement notices.	<input type="checkbox"/>	<input type="checkbox"/>

ASSURANCES/SIGNATURES

I HEREBY CERTIFY that all required documents and student records for this student are on file in the local education agency (LEA), and the parents/guardians have been given a copy of their special education rights and that an explanation of those rights has been provided to them.

Name of Special Education Director or Designee <i>Print Name</i>	Signature of Special Education Director or Designee ➤	Date Signed
FOR WSD/ WCBVI USE	Student Accepted for Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of WESPDHH/WCBVI Director ➤
	Student Accepted for Interim Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement Start Date

Note: For more information concerning evaluations of students at the state schools, see *DPI Information Update Bulletin* Number 02.06